

# EXHIBIT 10

**Thomas A. Aronson, M.D.**  
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September 6, 2017

Re: Robert Sampson  
DOB: [REDACTED]

To Whom It May Concern:

This letter is in response to a denial of accommodations and equal access to the USMLE Step 1 for my patient Robert Sampson. Robert has been under my consistent psychiatric care since November 4, 2015. He is severely impacted by his learning disabilities (specifically his reading speed and comprehension) and ADHD that when coupled with the reading comprehension significantly impacts his overall functioning.

I noted significant improvement in my letter dated March 29, 2017; however, this improvement was predicated on his access to reasonable accommodations. The Stony Brook University Medical School appropriately accommodates Robert. Without these accommodations, he would not be improved in his ability to process information and would remain impaired (more than the average person) when attempting to read, process and interpret information presented in long dense passages (like the Step 1 exam) under time constraints.

**Mr. Sampson meets the DSM IV criteria for ADHD:**

His symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

He often has difficulty sustaining attention in tasks (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).

He often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).

He often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).

He often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork, for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).

He is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).

Mr. Sampson's attention, concentration, processing speed, and recall/retention are severely impaired both in reading and visual comprehension. In everyday like Mr. Sampson finds that he needs to read and re-read the same material numerous times in order to comprehend new material, slowing his ability to learn.

Robert is, and remains, substantially limited in major life activities of everyday life. His ADHD is just one of the factors contributing to his impairment and to the barrier to the Step 1 exam. When a student presents with a learning disability and ADHD, the result is exponential impairment from the cumulative effects of the co-morbidities. Decreased neurocognitive performance in individuals with Attention Deficit Hyperactivity Disorder and learning disability is well documented in the research literature and can have significant impacts on performance.

**For Example:**

Robert has difficulty fully accessing examinations and reading materials due to a highly impaired reading speed so he reads at a slower rate. The slow rate is interrupted by intrusive thoughts or gaps in attention caused by the ADHD. Now Robert is not only reading more slowly, there are significant gaps in processing the information he is able to read as a result of his inattention. Not only is he going slowly, he is missing key pieces along the way. Historically he has addressed these academic disabilities by taking extra time in reading and preparation and by approaching learning differently, for example learning to play the cello by ear vs. by reading music.

My diagnosis was developed through direct clinical assessment over several visits. I am an MD and I specialize in the treatment of individuals with ADHD. ADHD is a clinical diagnosis made over several visits triangulating patient self-reported symptoms and impact with key data points from a multitude of sources.

Moreover, Mr. Sampson experiences loss of educational access when he must read for content and visually process and recall information seen or read under timed and untimed conditions. His ADHD exacerbates and compounds these learning disabilities.

Mr. Sampson requires accommodations to fully access the NBME step exam. Given his learning disability, with associated concentration impairment, as well as very slow processing speed highlight the need for multiple breaks to provide opportunities for cognitive re-focus. I am strongly endorsing an appropriate accommodations of time and one half on the NBME exam with additional breaks over a period of two days.

Taken together, the aforementioned impairment require self-monitoring, and cognitive breaks. Therefore, I endorse the use of extra breaks to allow Robert to access these mitigating strategies.

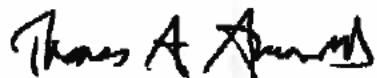
By allowing Mr. Sampson extra time, over two days you remove the barrier caused by a timed exam and allow time to compensate for his reduced processing and concentration that result from the anxiety, ADHD and his learning disability.

It is my professional opinion that my patient, Mr. Sampson, is currently and profoundly disabled in that cannot concentrate and read efficiently. Mr. Sampson meets the requirements of a person with a disability covered un the ADA and Section 504 of the Rehabilitation Act. The only way to mitigate the barriers of your exam is to provide extended time and extra breaks over two days.

I fully support Mr. Sampson's appeal for accommodations and hope that the NBME will consider his

case with the same level of care Mr. Sampson has shown in addressing these concerns.

Sincerely,



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Associate Professor Clinical Psychiatry,  
SUNY at Stony Brook

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